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"I have more support around me to be able to change": A Qualitative Exploration of Probationers' and Parolees' Experiences Living in Sober Living Houses

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Abstract

Persons in the U.S. who are incarcerated for drug offenses are increasingly being released into the community as a way to decrease prison and jail overcrowding. One challenge is finding housing that supports compliance with probation and parole requirements, which often includes abstinence from drugs and alcohol. Sober living houses (SLHs) are alcohol- and drug-free living environments that are increasingly being used as housing options for probationers and parolees. Although a few studies have reported favorable outcomes for residents of SLHs, little is known about resident experiences or the factors that are experienced as helpful or counterproductive. This study conducted qualitative interviews with 28 SLH residents on probation or parole to understand their experiences living in the houses, aspects of the houses that facilitated recovery, ways residence in a SLH affected compliance with probation and parole, and ways the houses addressed HIV risk, a widespread problem among this population. Interviews were audiotaped and coded for dominant themes. Study participants identified housing as a critically important need after incarceration. For residents nearing the end of their stay in the SLHs, there was significant concern about where they might live after they left. Residents emphasized that shared experiences and goals, consistent enforcement of rules (especially the requirement of abstinence), and encouragement from probation and parole officers as particularly helpful. There was very little focus in HIV issues, even though risk behaviors were common. For some residents, inconsistent enforcement of house rules was experienced as highly problematic. Research is needed to identify the organizational and operational procedures that enhance factors experienced as helpful. This paper is the first to document the views and experiences of persons on probation or parole who reside in sober living recovery houses. These data can be used by SLH operators to develop houses that are responsive to factors experienced as helpful and counterproductive. The significance of this paper is evident in the trend toward decreasing incarceration in the U.S. of persons convicted of drug offenses and the need for alcohol- and drug-free alternative living environments.

The policy of incarcerating persons convicted of drug offenses begun in the 1970's has resulted in severe overcrowding of criminal justice institutions as well as a host of other unintended consequences (Polcin, 2018). Over the past 40 years the U.S. has seen a fivefold increase in incarceration rates and the U.S. now incarcerates more of its citizens than any

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other country, outpacing Russia by 36% per capita (Sentencing Project, 2016). In 2016, local, state, and federal criminal justice institutions housed approximately 2.3 million persons (Wagner & Rabuy, 2016). Nearly half of all persons incarcerated in federal prisons were due to arrests for drug offenses. Incarcerated persons are more likely to be minorities (Andrews & Bonta, 2010). For example, about 1 in 15 African American men and 1 in 36 Hispanic/Latino reside in prison. Among all persons incarcerated, nearly 40% are African American (Roeder, Eisen & Bowling, 2015).

Persons released on probation or parole after incarceration face significant challenges. It has been widely noted that the lack of access to affordable, safe housing poses a significant barrier to successful reentry (Harding, Morenoff & Herbert, 2013; Petteruti & Walsh, 2008). Housing barriers result in unstable living situations and homelessness for ex-offenders that are associated with other challenges, such as finding employment, fulfilling probation and parole requirements, abstaining from drugs and alcohol, building social networks supportive of successful reentry, and accessing services such as medical, substance abuse, and mental health treatment.

Studies have also shown that ex-offenders face increased risk of HIV. For example, Adams et al (2013) and Leukefeld et al (2009) reported that HIV infection and risk behaviors are pervasive among criminal justice populations and ex-offenders released into the community present risks to their sex partners as well as to themselves. In a study of ex-offenders entering sober living houses, Polcin, Korcha, Mericle, Mahoney and Hemberg (2017) found homelessness prior to entering the houses and perceptions that their housing was unstable predicted higher incidence of HIV risk behaviors.

Inadequate housing and support after release from incarceration has resulted in high rates of re-incarceration that have led to serious problems with jail and prison overcrowding (Chandler, Fletcher & Volkow, 2009; Petteruti & Walsh, 2008). In response, the state government passed AB109 (known as public safety realignment) in 2011, which introduced alternative dispositions for low-level, non-violent offenders. In lieu of incarceration, an increasing number of ex-offenders were sent to community-level supervision and referred to substance abuse and mental health treatment programs. Lofstrom and Martin (2015) reported that AB109 reduced the prison population by 27,400 during its first year of implementation. Because target reductions had still not been met, California voters passed Proposition 47 in 2014. The new law reduced incarceration for drug offenses and between November 2014 and August 2015 the prison population fell by almost 7,800.

The large number of persons leaving criminal justice institutions and entering the community on parole or probation raises a number of questions. One of the most important is where are all of these returning ex-offenders going to live? Without stable, drug-free housing, will those with substance abuse problems be able to abstain from substance use? Without establishing new social networks that support recovery from substance use and successful adaptation to the community, will ex-offenders be driven back toward engaging persons that encourage substance use? To the extent that ex-offenders reside in environments that encourage substance use and other anti-social behaviors, they will be at higher risk for relapse and violation of the terms of their probation or parole. In addition, without stable

housing and social support for recovery ex-offenders may not have sufficient stability in their lives to find work, access needed services, and avoid HIV risk and infecting others.

Role of Sober Living Houses

Sober Living Houses (SLHs) may be a promising option for individuals on probation or parole who need of housing in a drug and alcohol-free environment (Korcha & Polcin, 2012). The primary characteristic of SLHs is that they are alcohol- and drug-free residences for individuals who are establishing or maintaining sobriety (Polcin, 2009; Polcin & Henderson, 2008). The recovery philosophy relies on “social model” theory (Schonlau, 1990) that emphasizes peer support, 12-step recovery principles, and peer empowerment in the recovery process. SLHs do not offer onsite treatment services, but they typically mandate or strongly encourage attendance at mutual help groups such as Alcoholics Anonymous. Some SLHs are part of outpatient treatment programs and provide places for persons to live while they attend the outpatient treatment program. However, many are “freestanding” SLHs exist that are not affiliated with any type of treatment program. Whether houses are freestanding or affiliated with a treatment program, they usually do not place time restrictions on length of stay.

SLHs vary in size from small single house settings to larger, multi-house organizations (Wittman, Jee, Polcin, & Henderson, 2014). The structure of most SLHs is such that residents play a central role in and share a commitment to the functioning of the home. As such, they are involved in completing household chores and maintenance tasks, contributing to issues of governance within the home, and paying rent and other shared expenses. Often residents work to meet their financial obligations, but some receive financial help from family or criminal justice programs that will pay one to six months of rent. A house manager typically oversees the running of the home, in exchange for a reduction in rent and in some cases a small stipend. SLHs may be for-profit or non-profit entities.

Because SLHs are not licensed or certified by any local, state, or federal agency, there are no reliable estimates of their numbers (Polcin & Henderson, 2008). However, some SLHs are members of sober living house associations that provide technical support and health, safety and operational standards for member houses. In California, these include the Sober Living Network (SLN), which reported having 489-member houses, and the California Consortium of Addiction Programs and Professionals (CCAPP), which reported having 301-member houses (Wittman & Polcin, 2014). However, many houses are not part of any coalition and for a variety of reasons there is often rapid turnover of new houses that close after brief periods of operation (Polcin, Mericle, Callahan, Harvey & Jason, 2016). It should be noted that SLHs represent one type of recovery residence within a broader range of residences that vary by level of structure, staffing, licensing, professional services offerred, operations, and philosophy of recovery. The National Association of Recovery Residences (2012) delineates four distinct levels of recovery homes, all of which need to be studied in terms of operations and outcomes.

Research on Sober Living Houses

Although some version of SLHs have existed in California since the 1940's (Wittman & Polcin, 2014), only recently have they become the subject of systematic research. There are a variety of potential explanations for the lack of attention. SLHs originated as a grassroots movement that developed outside the scope of professional treatment and academic research. Therefore, they are not well known among researchers. In addition, there are logistical concerns that make them difficult to study. For example, houses are not licensed or certified, so finding a comprehensive listing of them is not possible (Polcin, et a., 2016). In addition, because houses utilize a peer-oriented rather than professionally based approach, many operators and house managers are skeptical of researchers and unsure how studies might benefit SLHs. Operators and managers are therefore often hesitant to open their doors to researchers.

Despite the inherent challenges of studying recovery residences, a few studies have examined longitudinal outcomes. Some examined freestanding SLHs houses and others houses associated with outpatient treatment. For example, in studies of freestanding (N=16) and treatment affiliated (N=4) houses in Northern California, Polcin, Korcha, Bond and Galloway (2010a, 2010b) found residents (N=300) made significant improvement between baseline and 6-months on measures of substance use, arrests, and employment. For the most part, improvements were maintained at 18-month follow-up. Predictors of favorable outcomes included factors consistent with the social model philosophy of recovery that is used in SLHs. Predictors of better outcome included higher levels of involvement in 12-step recovery groups and social networks with fewer alcohol and drug users. In a separate analysis of this dataset, there was evidence that persons who enter a SLH improve their housing status and psychiatric symptoms over an 18-month period of time and that both of these factors are associated with better substance use outcomes (Polcin & Korcha, 2017).

Although limited in number, there have been several qualitative studies of SLHs and other types of recovery homes. For example, Pannella and Paquette (2016) used a variety of qualitative methods to study facilitators and barriers of recovery housing in Ohio. Factors viewed as important facilitators of recovery housing included collaboration with other types of housing and service systems as well as support from legislators and other stakeholders. Qualitative studies specific to SLHs have examined the views and experiences of residents, house managers, neighbors and service providers. In a study involving qualitative interviews, Polcin, Henderson, Trocki, Evans and Wittman et al (2012) found support for SLHs among different groups, including neighbors, the criminal justice system, local government, and the department of public health. There was particularly strong support for homes that were smaller and housed persons with longer periods of recovery. Study participants emphasized the importance of residents abstaining from drugs and alcohol and practicing a "good neighbor" approach to the surrounding community. Heslin et al (2013) conducted focus groups with SLH residents and found peers residing in the homes helped each other avoid substance use triggers in the community as well as cope with triggers that are unavoidable. Polcin and Korcha (2015) conducted focus groups with house managers to identify factors that motivate residents to maintain abstinence. Managers felt that residents were motivated to maintain abstinence in part because of perceived benefits as well as the potential

consequences of substance use. However, motivation seemed to be more strongly influenced by characteristics of the sober living recovery environment, particularly social support and the experience of connection and identification with other residents.

Studies of SLHs to date have tended to focus on the overall community of residents rather than specific subgroups. However, a current study of SLHs in Los Angeles is focusing on residents who were involved in the criminal justice system (Polcin, Mahoney, Sheridan, Korcha, & Mericle (2017). Preliminary findings are showing SLH residents on probation or parole make significant improvement over a 6-month time period on measures of arrests, alcohol and drug abstinence, injection drug use, and increased condom use.

Purpose

The current study used the Polcin, Korcha, Mericle, Mahoney, and Hemberg (2017) sample of criminal justice involved persons residing in SLHs and selected a subsample of residents to participate in qualitative interviews. The aims of the study were to explore parolee and probationers' perceptions of and experiences with SLHs. Because SLHs have been understudied and the residents who live in them experience multiple problems, the study examined a broad range of questions: What aspects of the SLH proved to be the most and least favorable to residents trying to establish or maintain recovery? In what ways did residence in a SLH help and hinder participants' compliance with their probation or parole requirements? How did residence in a SLH influence HIV risk, access to HIV services, and other issues they faced during reentry? This study represents the first to characterize the experiences of ex-offenders in SLHs, their views about how the houses were operated, and the challenges they faced during reentry.

Methods

Study procedures consisted of 28 qualitative interviews with criminal justice involved persons who entered SLHs. Interviews took place at least six months after entering into the residence to ensure the participants had familiarity with the houses and to purposively select persons with diverse outcomes. Participants consisted of a subset of persons taking part in a larger quantitative study of probationers and parolees (N=330) living in one of 50 recovery residences in the greater Los Angeles area. In addition to tracking longitudinal outcomes over a 12-month period, the quantitative study is examining the effectiveness of a new intervention, motivational interviewing case management [MICM]), relative to a control group. The intervention is designed to assist criminal justice involved residents to adapt to the SLH environment, access needed services, find and maintain work, and reduce risk for HIV.

The focus of the current is paper is limited to the qualitative data depicting residents' views and experiences of SLHs. To achieve some degree of triangulation of data, we also report findings from a focus group that consisted of two study therapists who delivered the MICM intervention and their clinical supervisor. Therapist and clinical supervisor comments included their views about SLH environments and operations. In addition, therapists commented on what they heard about SLHs from residents with whom they met. All

research activities received approval from the Public Health Institute Institutional Review Board.

Recruitment

As described in more detail elsewhere (i.e., Polcin, Korcha, Mericle, Mahoney & Hemberg, 2017), recruitment of the 330 persons participating in the quantitative study followed a twostep process. First, we first recruited SLHs (N=50) and then residents within the houses. All houses were members of the Sober Living Network and served middle- and low-income persons. We aimed to recruit houses that reflected diversity by gender (men, women, and both genders), affiliation with a treatment program versus freestanding, and different geographical areas of Los Angeles (West Los Angeles, Central Los Angeles, and Long Beach). Once the SLH owner or manager agreed to participate, we began recruiting individuals within the house. The goal was to conduct the baseline interview within one month after entering the house. Inclusion criteria included being age 18 or older, having a current criminal justice status (probation, parole, drug court, etc.) and being competent to provide informed consent. In addition, because HIV risk is widespread in the criminal justice system and poses a risk to both ex-offenders and their sexual partners (Adams, et al., 2013; Belenko, 2006; Leukefeld et al., 2009), we included it as an inclusion criterion. All research activities received approval from the Public Health Institute IRB.

The research team contacted 30 persons participating in the quantitative study who had completed the 6-month survey and invited them to take part in the qualitative interview. Twenty-eight participants agreed to the interview and two declined. To access the ways SLHs may have been experienced differently among residents with different outcomes, we targeted recruitment of persons who had poor (N=10), mixed (N=10) and good (N=8) outcomes based on 6-month outcome data. All participants in the qualitative study underwent the processes of informed consent describing the qualitative interview. Participants received a $25 gift card for completing the interview.

Participant Characteristics

Of the 28 persons who participated in qualitative interviews, six were female and the mean age was 39.9(±11.7). The distribution by race was 39.3% white, 39.3% African American, and 17.9% Hispanic/Latino. All participants had completed the 6-month quantitative interview and 32% were still residing at the SLH at the time of the interview. The average length of stay for the 28 persons participating in the qualitative interviews was 170.7(± 119.7). The therapists participating in the focus group were both female and the clinical supervisor was male. All three were licensed mental health professionals in the state of California.

Qualitative Interviews

Qualitative interviews were designed to elicit resident views and experiences about various aspects of SLHs. They were queried about how they learned about SLHs and whether residence in the house was a requirement of parole or probation. Residents were also asked to comment on organizational aspects of house operations. For example, they were queried about how house rules and resident expectations were monitored and how rules and

expectations affected residents' overall experiences as well as their recovery. Interviewers were directed to probe how easy was to isolate from others in ways that detracted from support for recovery and how easy it would be to bring in and use substances in the house. In addition to eliciting comments on ways the SLH environment affected recovery from substance abuse problems, interview questions also addressed how residence in a SLH affected compliance with the terms of parole or probation, and access to information about HIV prevention and treatment. Qualitative interviews took about 30 minutes to complete and participants were paid a $25 gift card for their time completing the interview.

Therapist Focus Group

The focus group with the two study therapists and clinical supervisor addressed a variety of questions about implementing the MICM intervention that was part of the larger quantitative study. However, therapists reported that during MICM therapy sessions residents frequently discussed issues relevant to the current study, such as ways the SLH environment affected residents and their recovery. Specific questions we asked therapists during the focus group addressed what they heard from residents about difficulties adjusting to the SLH environment and managing issues such as complying with parole or probation requirements. The focus group was audiotaped and transcribed. Text that was relevant to residents' experiences in the SLH environment was highlighted and compared with themes generated from qualitative interviews with residents.

Data Analyses

All qualitative interviews were digitally recorded and transcribed verbatim. The coding and analysis of the interview transcripts were organized around a series of iterative steps. First, two coders each undertook a close reading of the 28 interview transcripts. The coders cataloged their responses to the interviews as they read. Next, analytic memos of the interview transcripts documented both the study's *a priori* themes as well as topics that emerged in the data, which formed the basis of the codebook. The coders randomly selected and manually coded five interviews, which were compared to obtain the percentage of agreement and Kappa coefficients. Among the five interviews compared, the percent agreement exceeded 90% and Kappas were at or above 0.61 indicating substantial agreement (Viera et al., 2005). Next, coders compared and discussed their discordant codes, which led to resolution of the minor differences in their coding schemas. Each coder then coded all 28 interviews using *QSR NVivo 11*. Resident quotes presented in this paper were selected because of their representativeness of the sample as a whole, except when noted.

Results

Study findings are thematically organized into four sections, although there was considerable overlap among them. The first section describes participants' *pathways to SLHs*, exploring their housing needs at the time of entry into the SLH, how they first learned about SLHs, and what social and/or institutional resources facilitated their placement. The second section explores the *role of SLHs in participants' recovery*, including the aspects of SLHs participants found most beneficial to their recovery as well as characteristics of the house that were not helpful or even counterproductive. The third section explores *staff*

influences and the implementation of house rules. This section includes a discussion of management styles and how they were experienced by residents. The fourth section describes participant views about how *HIV issues* were or were not addressed in the house. The final section examines participants' experiences managing the terms of their *probation and parole requirements* while they resided in the house.

Pathways to Sober Living Houses

Participants were asked how they learned about SLHs and if their residence was a requirement of their parole or probation. A few indicated they were mandated by the criminal justice system:

[QL 257]

> Q: Okay. So, was your stay in the house part of a court mandated treatment?
>
> A: Well, it came from a life sentence yes, of course…The parole chose that house and it was a good choice. He liked it. He approved it. In fact, they're the ones that put me there.

[QL 87]

> I didn't choose it. They just picked it for me randomly from the court…It's either that or go to jail.

Although all of the participants were on probation or parole, relatively few indicated they were required to be at the house as a condition of probation or parole. More common were probationers and parolees who sought out SLHs because they desperately needed stable housing. Interestingly, most of these narratives did not highlight recovery, such as the desire to live in drug and alcohol-free environment, but the need to find a place to live. The quotes below were typical:

[QL 230]

> Q: And was your stay in the house part of court mandated treatment, meaning you were required by the courts to stay in the house?
>
> A: No, I was there because of my living situation. I am currently homeless, so I needed a place to stay.

[QL 214]

> Q: And you weren't court ordered to come into Sober Living?
>
> A: No. I came from the hospital.
>
> Q: Right. And did you choose the place, or did they just know of this place to bring you here?
>
> A: They offered the place to me and I didn't really have any other place to go.

These accounts of housing instability that facilitated participants' entry to SLHs were also present in their discussions of where they would live following their residence. Criminal justice reentry programs subsidized some residents' rental costs, but these

> funds covered only a maximum of six months. Thereafter, residents were required to pay the cost of rent, which proved to be particularly stressful for those unable to find work or other financial assistance.

Although it was not a question that was included as part of the qualitative interview guide, several participants spoke about their anxieties about accessing future stable housing and many were uncertain of where they would live once the six-month period of financial support ceased. For example, [QL 258] described that after his six months of subsidized rent ran out his housing situation was precarious for several months: “I went through other sources. I just used them as like where I could lay my head down or what not. And lay my head down and yeah I just kind of used my own resources.”

Other participants revealed a similar portrait of housing insecurity. In the following example, [274] shared his anxious uncertainty regarding where he would live in the coming weeks:

> I love being here. I hate that I’m going to have to leave here. I wish I could continue to stay here…They’ll force me out yes, I move March 30th, that’s my exit day. And right now, they stopped the SLR housing, so I don’t even know really what I’m going to do.

Study therapists commented that helping residents find permanent housing after the criminal justice system stopped paying their rent was a major challenge. One therapist commented how some residents did not have realistic plans:

> Housing was hard and that was one of the more common requests…but in their mind they were ready in four weeks…and so they wanted to be in their own single resident occupancy, like right away…

One therapist commented that when residents failed to develop realistic plans for permanent housing, “… some of them did end up on the streets… I’d say housing was the number one challeng[e].”

Role of Sober Living Houses in Participants’ Recovery

Peer Support—Peer support is foundational to the philosophy of recovery in SLHs and it emerged as one of the most salient themes. One respondent noted that it was difficult to isolate while living in the house and fellow residents were quick to offer help when they perceived a fellow resident had problems:

> Really there it was really no isolation. Because when people seen that you were down and wanted to pull yourself away a lot of the people there took time with you, you know man this is the quickest way to fall back into your drug usage. You need to talk about it. You can talk to anybody in the house, if you need anything, they’re there for you.
>
> [QL 233]

Another resident noted how a sense of comradery in the house was important:

> It makes it easier because I have more support around me to be able to change. Because people are doing it with me; it’s not like I’m doing it by myself… I feel

> like I'm going to be able to relate to the group of people that's trying to change and give stories and stuff, but I feel like it's easier.
>
> [QL105]

In addition to providing social support, some residents felt the SLH environment kept them busy interacting with others and that helped to support sobriety:

> Oh [the SLH] impacts [my sobriety] good because I keep myself busy with everybody in there you know joke around, and we talk. I have a good rapport with every individual.
>
> [QL 152]

When residents had goals that were different from those of recovering residents, peer support could still be put into practice in another way. As [QL 93] discussed, even when participants were not committed to their own sobriety, they often recognized and respected their peers' efforts to stay clean:

> I never smoked in there. I didn't have – I couldn't do it. I even had found some marijuana on the bus – it was crazy. That was after they tested me, and I told them about it. I told them that I had smoked some and I won't do it again…it was easy you know but it just didn't feel right. Because everybody there was sober for real. There was no in between. Because this was the people who graduated from other places, they're all alumni. And so, I was the only person there, you know. And so, I didn't feel right smoking marijuana there.
>
> [QL 93]

Negative Influences—In addition to identifying positive influences of fellow peers residing in SLHs, participants also felt there was the potential for negative influences. The code, "substance use and SLHs" was one of the most frequent codes and comments tended to emphasize the importance of abstinence. One resident [QL 180] described his frustration that the supportive sober environment he and his peers had worked to create was usurped when management would admit residents who were actively using and uninterested in recovery. It appeared that the introduction of these new residents could be tolerated if problems were noted quickly and the person was promptly removed from the home or referred elsewhere. However, residents were troubled when the admission of individuals who were actively using occurred regularly and was not readily addressed:

> You know I can understand if okay, you were here maybe four months, five months or even longer, went out and got drunk, maybe took a hit of speed and got spun out… but for that whole period of time he's been clean and sober and doing the program. But you've got a guy that's using two, three, four days a week out of prison…He's not going to change. He's not really into this… So, it's just utter stupidity to take somebody like that and just go throw them in a group of guys who already have cohesiveness and are already communicating well and got a rapport with one another.
>
> [QL 180]

One of the study therapists reported hearing complaints about a variety of issues related to roommates and other residents, including substance use:

> The most common challenge, um, that I heard from some of the participants regarding the sober living home would be, um, managing their environment with other participants in the sober living home… it was usually my roommate or you know the guy down the hall or so and so upstairs…or it was a complaint about the fact that there were, um, people using, actively using in the home…

Although tolerance of substance use was not common, a few participants described some of the negative sequelae when it was not addressed. [QL 123] noted:

> The cops are there regularly…We've had one person die. We've had two people OD…It made it very hard for me to stay sober because all I was around were people that were just doing what they wanted to do you know they didn't give a fuck. And the staff, they paid special attention to only like the first people that ever walked in their door. They didn't bother to learn any of the others' names and they just picked on them.

Although these negative experiences within the houses occurred, they did not reflect the majority of participants' views about how alcohol and drug use was handled. Typically, abstinence requirements were enforced. In the following example, [QL 44] noted that alcohol and drug use was in the home was readily identified and usually resulted in eviction.

> Q: How easy was it for people to bring in substances and use alcohol or anything like that?
>
> A: Some people did that, but they were put out. They were put out immediately.
>
> Q: Okay, so that was found out?
>
> A: Yeah, because everybody knows when you use it's not – I mean even the people that run the house used to use at one time. So, it's not nothing – and then if you're in the room with me and you're under the influence you're jeopardizing my sobriety. [QL 44]

Coping with Negative Influences—One strategy used by residents to cope with destructive influences in the houses was to avoid potentially destructive encounters and focus on positive influences in the community.

QL 170 described that he had to disengage from the SLH in order to maintain his sobriety.

> The only way that I think I'm still sober is because I branched off away from them and did my own thing and my own meetings and took care of my own business. A lot of those people have already relapsed and been kicked out or whatever.
>
> [QL 170]

Similar to [QL 170], [QL 87] describes how he engaged in a similar process of isolation to counteract the multiple opportunities to relapse:

> I learned how to be responsible was the main thing, I learned how to be responsible because I was around a lot of people to where if I wanted I could just you know like go with the flow and all the people that were willing to party and mess around but I tried to keep my sobriety and we try to keep ourselves positive. But at the same time like nobody helped each other out. Everybody was on their own. So that's what taught me how to be independent be on my own and be sober like everybody else.
>
> [QL 87]

One of the study therapists described how some residents discussed strategies for taking care of themselves when others were using:

> …we would talk about what would be, um, what was practical in terms of how they can address it [other residents using]. And sometimes I actually roleplayed some situations because their original attempts weren't going to get them what they wanted.

Staff Influences and Implementation of House Rules

Along with the code of *Substance Use & SLHs*, the codes of *House Rules* and the sub-code *Staff* emerged as the most robust codes in the data analysis, indicating that how the homes were managed greatly affected residents' experiences. One of the study therapists described how residents benefited from more structured houses that had more rules and boundaries:

> I think for me there's a wide variety of like structure being provided by the sober living home[s]. Um, and you could see the difference in the participants that were in the more structured sober living homes where there were meetings there. Um, and there were more rules, there were more boundaries. It seemed like day and night from other houses that just seemed quite chaotic.

Participants expressed the view that repeated changes in house rules could create uncertainty about what rules residents were expected to follow from week to week. In the following excerpt, [QL 126] describes his frustration that these changes in rules resulted in restrictions assigned to residents:

> Furthermore, s/he also shares their perception that residents were arbitrarily assigned restrictions to meet the needs of staff, not that of residents… they could have not changed the rules so often would have been a good way of doing things. They changed, it seems as if the rules changed every week due to people's structure around it there… Most of the time yeah, if they were late, they would get restrictions… it's kind of funny because they made the restrictions to help them, to help the staff. And like if you got a restriction you would be in the kitchen most of the time. And that would mean that you would be there for a week and if you were good in the kitchen, they would keep you there.

QL 202 outlines the stark contrast between his initial placement at a SLH with that of the SLH he was living in at the time of his qualitative interview:

> I've really gotta say as far as this house compared to that other house that you met me in this manager is way better. He knows how to talk to people … he's not in

> your business but he's in your business. You know what I mean? But not in your business like, hey, what are you doing wrong? He's in your business to see what he can do to help give you like help…If we're going through it, he's there to listen. You know what I mean? Other managers where their main goal is to try to catch you doing something wrong so they can take your family pass so you can't go see your family.

Managerial scrutiny was present in both QL 202's residences, but the experiences were qualitatively different and led to different outcomes. In QL 202's first residence, the rules and their enforcement seemed to be rooted in mutual distrust, which fostered his/her anxiety regarding missing family visits. In the second residence, QL 202's manager was, similarly "in your business," but this need to monitor him was motivated in part by a concern for him, as indicated by his ability to listen and desire to help.

Participants felt when house rules were consistently enforced it offered opportunities to better understand and resolve their issues. They also understood the potential destructive effects their issues could have on the household. In the following example, [QL106] accounts how her dispute with a manager's enforcement of house rules resulted in a resolution of the issue that prompted her rule breaking. It also enabled her to deepen her understanding of recovery:

> It was good. It was a good experience. At first, I thought I wasn't going to like it. Because after I got punished I kind of had a little anger inside of me, like, oh, I don't even want to be here anymore. (laughs) But it turned out to be okay because I realized she [the House Manager] wasn't trying to be mean, she was just trying to slow me down. Because you know I didn't have to sneak out. There was other ways I could have done it…Yeah and she's like, I'm not gonna lose my license behind you. I'm like, okay, I'm sorry.
>
> (Laughs)

In fact, supportive staff and house managers proved to be a lifeline for many residents:

> [The part of my experience that really stands out], I'm going to say that the counselors there. There's two of them. And they really, they really try to help you. They'll will give you the resources, they'll look it up for you. They want you to get jobs. They want you to succeed. They are recovering addicts themselves and have been clean for like 20 years or something. But they help, they'll go the extra mile for you, so that's one thing I did admire.
>
> [QL 252]

HIV Risk

In the larger quantitative study (N=330), from which the 28 residents participating in qualitative interviews was drawn, there was significant evidence of lifetime risk for HIV (Polcin, Korcha, Mericle, Mahoney & Hemberg, 2017). At the time they entered the house, 23% indicated they injected drugs during the past 6 months and 16.7% shared needles. Over 47% had more than one sex partner over the past 6 months and 45.4 percent never used condoms. Nearly half (47.6) had not been tested during the last 6 months. During the

qualitative interviews research staff inquired about how the house addressed HV risk behaviors and whether there was access to information about HIV prevention. They were also asked what houses did to support persons who were infected with HIV. However, the responses to these questions were limited and there were few discernable themes in the transcribed. Although 74% of the quantitative sample reported at least one risk for HIV, there was limited interest in this issue. Although not part of the qualitative interviews, one house manager commented to research staff that one reason that HIV is not on the radar screen of SLHs is that there are other, cheaper housing options for persons infected with HIV. In our quantitative sample we found only 6% (N=20) were HIV positive. However, this house manager also noted his houses never discussed HIV issues in house meetings, never provided information about HIV workshops or services, and did not provide information, about where to go to be tested. One of the therapists participating in the focus reported various comments reflecting resistance to addressing HIV issues:

> Not a lot of engagement… and I think that's because there was this, um, okay, I know, kind of like attitude…And then there were a few very resistant people, mostly women…there was like why are you asking me that…. I had a few participants who were still, um, that's how they were making money…it was clear to me that [using condoms] was not a priority for them.

Probation and Parole Requirements

Comments from therapists and residents suggested that living in the sober living house environment had a positive influence on awareness of and compliance with probation and parole requirements. One of the study therapists commented, "that's something I always brought up at the very beginning sessions and it seemed to me like they were aware, most of them were aware of what their conditions were and they were meeting them."

Residents emphasized three factors as important. First, residents were able to maintain their SLH address on record, which is an important requirement of probation and parole. Participants noted that probation and parole officers appreciated this aspect of SLHs:

> Oh, he liked it. He knew where I was at and stuff so yeah. It was easy, I guess… He never had to look for me.
>
> [QL 98]

Another commented:

> Easy, because that is where they [probation officer] wanted you at. They knew where you were at. They knew where to come.
>
> [QL 285]

Living in the SLH enabled most residents to have minimal contact with their probation and parole officers. Several participants reported that they complied with their requirements by checking in at a computer kiosk, a practice that has expanded with the passage of AB 109, a law increasing treatment as a response to addiction problems rather than incarceration.

A second benefit of residing in the SLH was the encouragement and support residents received from the probation and parole officers:

> [My PO was] happy when I was living there and that I was still sober even after like I got sentenced and stuff so yeah.
>
> [QL 88]

Another resident commented:

> No, I chose to come to Sober Living on my own. I don't have to be here. I can leave out that door and take my stuff anytime I want to. All I gotta do is let her know and change the address. I would not be violating…[M]y PO strokes me every time she's seen me about how good I do. Because from my record she did not think I was going to do this. She thought I was going to be a problem. And I have not given her no issues, yes.
>
> [QL 274]

A final way that residents benefited in terms of complying with probation and parole requirements was seeing successful outcomes for their peers, which was motivating for them to complete probation requirements and plan a future ahead:

> I seen a couple guys that were there were off probation now and they were working and I was like, okay that's an incentive for me.
>
> [QL 44]

Discussion

Interviews with SLH residents and a focus group with study therapists from the larger quantitative study revealed information about a variety of issues related to SLHs. These included the need for stable housing among persons on probation or parole, helpful and counterproductive effects of SLHs, views about management and operations of the houses, ways the houses did and did not address HIV risk, and ways that living in the houses affected compliance with criminal justice requirements. Each of these issues is discussed below along with implications for criminal justice professionals, house owners and managers, and SLH associations.

Need for Stable Housing

Although all 28 of the study participants were involved in the criminal justice system, only a few mentioned that they entered the SLH as a requirement of probation or parole. Most indicated they entered the SLH because had no place to stay. This finding is consistent with quantitative baseline assessment collected from the larger sample (N=330) (Polcin, Korcha, Mericle, Mahoney & Hemberg, 2017). Very few of these residents (4.2%) had stable housing before they entered the SLH and the majority (52.7) perceived their housing situation prior to entering the SLH to be unstable. Importantly, housing status and perceptions of housing stability were associated with problems including substance use, HIV risk, psychiatric symptoms, and legal problems.

It was interesting that residents emphasized they entered a SLH because of a need for housing but did not specify the need for an alcohol- and drug-free living environment. It might be the case that probationers and parolees reentering communities are primarily

concerned with immediate necessities such as food and shelter. These issues might outweigh addressing longer-term issues such as substance abuse and psychiatric symptoms. Some individuals released on probation or parole may be desperate for a place to stay and might minimize the abstinence requirements of living in a SLH. It is therefore incumbent on house managers and criminal justice professionals to emphasize this requirement up front, closely monitor compliance with abstinence, and address substance use immediately when it occurs.

Housing was not only a salient issue at the time participants entered the SLH; it was also an issue when they were considering leaving. In some cases, criminal justice funding of the stay in the house was ending and residents did not have a realistic plan for financing continued residence in the house or alternative housing. For some residents, there appears to be a need for criminal justice professionals, the house manager, or some type of case manager to help develop and implement a realistic plan for financing continued residence in the SLH or finding other alternatives for stable housing. Finding work or engaging in job training is an essential component for many residents because they enter the houses with very poor work and educational backgrounds (Polcin et al, 2017). Ideally, planning for long-term stable housing would begin at the time they enter the house.

Addressing HIV Risk

Data from the larger quantitative study showed residents engaged in a significant number of HIV risk behaviors (Polcin et al, 2017). However, it was striking how few comments there were about HIV or how houses addressed it. In part, the few comments may have been due to few HIV positive residents in the houses. Persons who were HIV positive tended to go to alternative housing options that in many cases were better subsidized. Reports from study therapists suggest that some residents were resistant to discussing HIV issues, which might reflect a level of stigma about HIV or shame about discussing risk behaviors. Given the risk behaviors reported in the quantitative study, there is a need for at least basic information about HIV testing, treatment, and prevention. Houses could post flyers about where to receive free HIV testing or they could invite outside guest speakers to provide periodic lectures on HIV risk, prevention, treatment, and the latest research.

Probation and Parole Requirements

Residents reported that residing in a SLH had a favorable impact on their probation and parole. In particular, they noted that probation and parole officers felt that SLHs offered a consistent address and easy way to contact persons on their caseloads. With this living arrangement, more of the monitoring was able to occur remotely rather than face to face. Residents also experienced encouragement and support from probation and parole officers. Criminal justice professionals were very likely pleased that the environment emphasized abstinence from alcohol and drugs and that the house manager would administer drug testing if there was suspicion about substance use because abstinence from alcohol and drugs is often an important part of probation and parole. Finally, some participants mentioned that seeing others fulfill their probation and parole requirements and enter the workforce gave them a sense of hope. As mentioned above, the most significant concern was finding permanent housing or a way to finance continued residence in the SLH after criminal justice reentry funding ran out. The need for personal financing of housing within 6 months is a

significant challenger for some residents and suggests an urgent need for assistance finding work or engaging in job training.

House Operations: Support for Recovery and Enforcement of Rules

Comments from participants suggest that peers and staff played influential roles in participants' satisfaction with their houses. This finding applied to both the majority of participants who characterized their residency at the SLH in positive terms, as well as a few participants who reported negative experiences. Participants with the most positive experiences described it in relational terms, such as the benefits they personally received from peers and staff and the support they extended to others. In previous research (Polcin & Korcha, 2015), this type of mutual support was viewed as a primary motivating force for maintenance of sobriety.

Another key factor influencing residents' experiences was the application of house rules and their enforcement. Comments from residents suggested these varied across sites and situations within the houses and comments from study therapists indicated the level of structure and organization varied as well. Residents found it helpful and reassuring when houses were well organized and consistent in the enforcement of rules. However, residents felt destabilized and even demoralized when rule enforcement was inconsistent. They particularly felt this way when rule enforcement appeared to be based on the needs of the manager or owner rather than the needs of residents and their recovery.

Inconsistent enforcement of house rules, particularly around abstinence, may also be problematic in other respects. For example, for criminal justice reentry programs that pay the rent and other costs for some probationers and parolees expect an alcohol- and drug-free living environment. Abstinence from alcohol and drugs is frequently one of the terms of probation or parole. Maintaining an alcohol- and drug-free living environment is also important because it is fundamental to the social model recovery philosophy used in SLHs. A goal of abstinence has always been a hallmark of social model recovery, which is largely rooted in Alcoholics Anonymous.

Another way that substance use in SLHs can detract from social model recovery is the effect it can have on cohesion in the household. A few residents in houses where substance use occurred learned to protect their recovery by isolating from what they perceived to be destructive aspects of the houses. Thus, peer support for recovery within the house, a central element of social model recovery, was hindered. Although it was not explicit in the interviews, an equally concerning issue is the potential for persons using substances to influence others to use rather than support abstinence. The distress that substance use caused on residents attempting to maintain abstinence supports the contention made by Wittman, Polcin, and Sheridan (2017) that residential services for persons with substance abuse problems need to be geared toward either abstinence or harm reduction, where substance abstinence is a personal choice.

Implications for Additional Research

There are a number of implications for additional research stemming from this study. The majority of the SLHs from which participants were drawn enforced rules mandating abstinence and created a peer environment that was experienced as supportive. We need to know the factors that support establishment of these types of houses as well as factors associated with houses that are not as well operated. For example, what criteria do houses use to screen applicants? To what extent are applicants to the houses accepted in order to fill empty beds rather than being a good fit for the SLH environment? What practices are used to monitor abstinence? Do houses feel they receive sufficient training and support from sober living house associations such as the sober living network? To what extent are operators and managers consumed with external demands, such as NIMBY (not in my back yard) pressures, rather than developing a quality recovery environment? What do probation and parole officers view as the strengths and weaknesses of SLHs? How should we address the question of where probationers and parolees live after their criminal justice funding for residence in the SLHs runs out?

Limitations

A number of limitations in this study that need to be emphasized. First, the data were qualitative. Therefore, the data is descriptive, and the causes of resident experiences and their views are speculative. Second, the dataset was small (N=28) and limited to one geographical area (Los Angeles), so generalization of results might be limited. Third, the demographic characteristics of the overall population of persons in SLHs are unknown and different demographic subgroups might respond differently to our questions. Fourth, SLHs exist within a broader continuum of different types of housing options, all of which need to be studied. Finally, there may be a host of additional factors influencing residents' experiences and views that were not tapped in our study. Although our coding of audiotaped sessions suggested that saturation of interview content had been reached, it is possible that additional interviews could have yielded different comments.

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